Case 16-08125 Doc 14 Filed 03/11/16 Entered 03/14/16 08:04:44 Desc Main

			Document	1 age 1 01 12
Fill in this in	formation to ide	ntify your case:		
Debtor 1	Jurran F. Yar	brough		
200101	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States E Case number (If known)	Bankruptcy Court fo	r the: Northern District of III	inois	☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt	r	H
	ш	ж.	ш

Identify the Property You Claim as Exempt

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

MAR 11 2016 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) JEFFREY P. ALLSTEADT, CLERK ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B Brief Homestead 2933 W. Wilcox St \$ 209,000.00 **\$** description: 100% of fair market value, up to Line from any applicable statutory limit Schedule A/B: Brief **\$** description:

☐ 100% of fair market value, up to

any applicable statutory limit

☐ 100% of fair market value, up to

any applicable statutory limit

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

☐ No

Line from

Line from

Brief description:

Schedule A/B.

Schedule A/B:

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☑ No

Yes

Case 16-08125 Doc 14 Jurran F. Yarbrough

Last Name

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Part 2:

Additional Page

portion you own		Specific laws that allow exemption
Copy the value from Schedule A/B	Check only one box for each exemption	
\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
_ \$		
	any applicable statutory limit	
\$	\$ 100% of fair market value, up to	
	any applicable statutory limit	
\$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
\$	□ \$	
	any applicable statutory limit	
\$	□ \$ □ 100% of fair market value, up to	
	any applicable statutory limit	
\$	\$ \$ 100% of fair market value, up to any applicable statutory limit	
\$	\$	
	any applicable statutory limit	
. \$	□ \$ □ 100% of fair market value, up to any applicable statutory limit	
\$	\$ 100% of fair market value, up to any applicable statutory limit	
\$	\$	
	☐ 100% of fair market value, up to any applicable statutory limit	
\$	□ \$ □ 100% of fair market value, up to	
	\$\$\$\$	Schédule A/B \$

Case 16-08125 Doc 14 Filed 03/11/16 Entered 03/14/16 08:04:44 Desc Main Document Page 3 of 12 Fill in this information to identify your case: Jurran F. Yarbrough Debtor 1 Debtor 2 (Spouse, if filing) First Name Middle Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an amended filing (If known) Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Nonpriority Priority Total claim amount amount Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply Contingent ZIP Code NORTHERN DISTRICT OF ILLINOIS Unliquidated Who incurred the debt? Check one. MAR 11 2016 Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only JEFFREY P. ALLSTEADT, CLERK Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No Yes 2.2 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply Contingent ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ■ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were ☐ Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other, Specify ☐ No ☐ Yes

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	First Name	Middle Name	Last Name	Document	Page 4 of 12 miles (A nown)	
Part 1:	Your PRI	ORITY Unsecu	red Claims	— Continuation P	age	

Afte	er listing any entries on this page, number them	beginning with 2.3, followed by 2.4, and so forth.	Total claim	Priority amount	Nonpriority amount
	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	\$	\$	\$
	Yes				
	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify	\$	\$	\$
		Last 4 digits of account number	\$	\$	\$
	Priority Creditor's Name Number Street City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			

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List All of Your NONPRIORITY Unsecured Claims

SOURCE STATE			a production of the second
3.	Do any creditors have nonpriority unsecured claims against you	?	
	No. You have nothing to report in this part. Submit this form to the	court with your other schedules	
	Yes	out with your other concades.	
4	List all of your nonpriority unsecured claims in the alphabetical of	order of the creditor who holds each claim. If a creditor has	more than one
	nonpriority unsecured claim, list the creditor separately for each claim	For each claim listed, identify what type of claim it is. Do not	list claims already
	included in Part 1. If more than one creditor holds a particular claim, li	ist the other creditors in Part 3 If you have more than three no	nnriority unsecured
	claims fill out the Continuation Page of Part 2.	st the other creditors in rank our you have more than three hol	iipiionty unsecureu
	olding the out the continuation rage of rait 2.		
			Total claim
	1		rotar ciaiii
4.1		Last 4 digits of account number	
	Nonpriority Creditor's Name		\$
		When was the debt incurred?	
	N - 1 - 2	personal contraction of the contract of the co	
	Number Street		
	City State ZIP Code	As of the date you file, the claim is: Check all that apply.	
		Continued	
	Who incurred the debt? Check one	Contingent	
	who incurred the debt? Check one.	☐ Unliquidated	
	Debtor 1 only	☐ Disputed	
	Debtor 2 only		
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another		
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	a oncok ii tino olaini io ioi a commanty debt	that you did not report as priority claims	
	Is the claim subject to offset?	Debts to pension or profit-sharing plans, and other similar debts	
	□ No	Other. Specify	
	Yes	Ctrief, openity	
	— 163		
4.2	THE PROPERTY OF THE PROPERTY O		•
4.2			\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street		
	5,100,1	As of the date you file, the claim is: Check all that apply.	
	0.	, and a state , and a state of a state of an area capper,	
	City State ZIP Code	☐ Contingent	
	Who incurred the debt? Check one.	☐ Unliquidated	
		☐ Disputed	
	Debtor 1 only	■ Disputed	
	☐ Debtor 2 only	T. CHOURDIONITY	
	☐ Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	☐ Student loans	
		Obligations arising out of a separation agreement or divorce	
	☐ Check if this claim is for a community debt	that you did not report as priority claims	
	## TO ## (## 1990 ## 19	Debts to pension or profit-sharing plans, and other similar debts	
	Is the claim subject to offset?		
	□ No	Other. Specify	
	Yes		
			A MANAGE A TRANSPORT RESERVE AND THE PROPERTY BOOK IN HER
4.3		Last 4 digits of account number	
	Nonpriority Creditor's Name	Last 4 digits of account number	\$
	Control of the American American Control of the Co	When was the debt incurred?	
	Number Street		
		As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	As of the date you me, the claim is. oneok an that apply.	
		☐ Contingent	
	Who incurred the debt? Check one.	Unliquidated	
	☐ Debtor 1 only		
	Debtor 2 only	Disputed	
	Debtor 1 and Debtor 2 only		
		Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt		
	- Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce	
	Is the claim subject to offset?	that you did not report as priority claims	
	□ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
	□ 165		

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Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

r listing any entries on this page, number them beginning w	ith 4.4, followed by 4.5, and so forth.	Total cla
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	04
City State ZIP Code	□ Contingent	
5.40	☐ Unliquidated	
Who incurred the debt? Check one.	Disputed	
☐ Debtor 1 only		
☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
ž. 2. – 10. – 12.	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other. Specify	
□ No □ Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	□ Contingent	
	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	000 0000 € 10000 €	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify	
□ No		
Yes		
	Last 4 digits of account number	\$
Nonpriority Creditor's Name	When was the debt incurred?	
Number Street	As of the date you file, the claim is: Check all that apply.	
City State ZIP Code	Contingent	
	☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only		
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☐ Student loans	
At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
☐ Check if this claim is for a community debt	you did not report as priority claims	
	Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset?	Other. Specify	
□ No	_	
Yes		

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Part 3:

List Others to Be Notified About a Debt That You Already Listed

				On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured Claim
				Last 4 digits of account number
City		State	ZIP Code	
Name				On which entry in Part 1 or Part 2 did you list the original creditor?
				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			Part 2: Creditors with Nonpriority Unsecured Claims
City		State	ZIP Code	Last 4 digits of account number
Name	Commission Services on a service state of the services of the	The second secon	Lets according to	On which entry in Part 1 or Part 2 did you list the original creditor?
101110				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street		10 9-12-18-18-18-18-18-18-18-18-18-18-18-18-18-	□ Part 2: Creditors with Nonpriority Unsecured
	***************************************			Claims
City		State	ZIP Code	Last 4 digits of account number
W.M.S. Junio	n vincus (am age nacemune trapper) und schola fin heru vorse habitus dan			On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			☐ Part 2: Creditors with Nonpriority Unsecured
				Claims
City	STATE OF STA	State	ZIP Code	Last 4 digits of account number
			ne	On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			□ Part 2: Creditors with Nonpriority Unsecured
				Claims
City		State	ZIP Code	Last 4 digits of account number
THE CONTRACTOR SHEET, NAME OF STREET, NAME OF	овен сительно его бырово от ит 647 этим от Байне сительного для жоло было			On which entry in Part 1 or Part 2 did you list the original creditor?
Name				Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number	Street			□ Part 2: Creditors with Priority Unsecured Claims
				Claims
City		State	ZIP Code	Last 4 digits of account number
		- Switch and a second		On which entry in Part 1 or Part 2 did you list the original creditor?
Name				
Number	Street			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
				Claims
Ni		State	ZIP Code	Last 4 digits of account number
City		State	VIE CODE	

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

Total claims from Part 1

- 6a. Domestic support obligations
- 6b. Taxes and certain other debts you owe the government
- 6c. Claims for death or personal injury while you were intoxicated
- 6d. Other. Add all other priority unsecured claims. Write that amount here.
- 6e. Total. Add lines 6a through 6d.

- Total claim
- 6a. s O
- 6b. \$ *O*
- 6c. s O
- 6e. \$_____

Total claims from Part 2

- 6f. Student loans
- 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- 6h. Debts to pension or profit-sharing plans, and other similar debts
- Other. Add all other nonpriority unsecured claims. Write that amount here.
- 6j. Total. Add lines 6f through 6i.

- Total claim
- 6f. \$_____O
- 6g. \$____*O*____
- 6h. s
- o: 1
- 6j. s

	ntify your case:		
urran F. Yark	orough	Last Name	
rst Name	Middle Name	Last Name	
	rst Name		rst Name Middle Name Last Name

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

	☑ No	tors? (If you are filing a joint case, do n	ot list either spouse as	a codebtor.)
	☐ Yes			
	Arizona, California, Idaho	have you lived in a community prope p, Louisiana, Nevada, New Mexico, Pue	and the second s	(Community property states and territories include ngton, and Wisconsin.)
	☑ No. Go to line 3.			
	Yes. Did your spouse	e, former spouse, or legal equivalent live	with you at the time?	
	☐ No			
	☐ Yes. In which con	nmunity state or territory did you live?	. F	ill in the name and current address of that person.
		, , , , –	Vo. 10 - 20 - 10 - 10 - 10 - 10 - 10 - 10 -	
				UNITED STATES BANKRUPTCY COURT
	Name of your spouse,	former spouse, or legal equivalent		NORTHERN DISTRICT OF ILLINOIS
				MAR 11 2016
	Number Street	t		
				JEFFREY P. ALLSTEADT, CLERK
	City	State	ZIP Code	JEFFRET P. ALLSTLADI, CLEME
	Schedule D (Official Fo		CONTRACTOR	Make sure you have listed the creditor on e G (Official Form 106G). Use Schedule D,
	Column 1: Your codebt	or		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
3.1				
0.1	Name			Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street		1. 10. 10.	☐ Schedule G, line
	-		710.0	
	City	State	ZIP Code	
3.2				Schedule D, line
	Name			☐ Schedule E/F, line
	Number Street			Schedule G, line
	City	State	ZIP Code	
3.3				Schedule D, line
	Name			Schedule E/F, line
	Number Street	A		Schedule G, line
				_ concado o, mo
	City	State	ZIP Code	

Last Name

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Debtor 1

Jurran F. Yarbrough

Additional Page to List More Codebtors

	Column 1:	Your codebtor			Column 2: The creditor to whom you owe the debt
3					Check all schedules that apply:
					Schedule D, line
	Name				☐ Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					_
Ш	Name				Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	
3					Schedule D, line
	Name				Schedule E/F, line
	Number	Ot			Schedule G, line
	Number	Street			
	City		State	ZIP Code	
3					C Schodula D lina
	Name			17-38	Schedule D, line
					Schedule E/F, line
	Number	Street			Schedule G, line
	City		State	ZIP Code	_
3					Schedule D, line
	Name				Schedule E/F, line
					Schedule G, line
	Number	Street			Soriedate C, line
	City		State	ZIP Code	
3					C Schodulo D line
	Name	*******			Schedule D, line
					Schedule E/F, line
	Number	Street			─ Schedule G, line
	City		State	ZIP Code	_
3					Schedule D, line
	Name				☐ Schedule E/F, line
			V St		Schedule G, line
	Number	Street			Sofiedule O, line
	City		State	ZIP Code	
3					
	Name				Schedule D, line
					Schedule E/F, line
	Number	Street		11	Schedule G, line
	City		State	ZIP Code	
	The second second			The second secon	* in the state of

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Fill in this information to identify	your case:					
Debtor 1 Jurran F Yarbroug	gh					
First Name Debtor 2	Middle Name	Last Name				
(Spouse, if filing) First Name	Middle Name	Last Name				
United States Bankruptcy Court for the:	Northern District of Illinois					
Case number / 0 0 3 /	6			Check if		
51 87					nended filing plement showing postpetition chapter 1	2
					e as of the following date:	3
Official Form 106I				MM /	DD / YYYY	
Schedule I: You	ır Income				12/15	
supplying correct information. If yo	ou are married and not fil se is not filing with you, top of any additional pa	ing jointly, and yo do not include in	our spous formation	se is living with about your spe	or 2), both are equally responsible for you, include information about your spoupuse. If more space is needed, attach a known). Answer every question.	se.
Fill in your employment information.		Debtor 1			Debtor 2 or non-filing spouse	
If you have more than one job, attach a separate page with						
information about additional employers.	Employment status	☐ Employed ☐ Not employ	/ed		☐ Employed ☐ Not employed	
Include part-time, seasonal, or self-employed work.			**************************************			
Occupation may include student or homemaker, if it applies.	Occupation	n/a				_
	Employer's name	n/a				_
	Employer's address	n/a				
		Number Street			Number Street	_
						_
		-				-
		City	State	ZIP Code	City State ZIP Code	_
	How long employed the	•			9459 State (1970)	
		-	-			
Part 2: Give Details About	Monthly Income		34 M			
Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse ha					rite \$0 in the space. Include your non-filing	
below. If you need more space, at			omation i	or an employers	or that person on the mics	
			annotation in	For Debtor 1	For Debtor 2 or non-filing spouse	
List monthly gross wages, sala deductions). If not paid monthly,			2.	0.00	\$	
3. Estimate and list monthly over	time pay.		3. + 9	0.00	+ \$	
4. Calculate gross income. Add lin	ne 2 + line 3.		4.	0.00	\$	
			L		i	

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Debtor 1

Jurran F Yarbrough

For Debtor 1 For Debtor 2 or non-filing spouse 0.00 Copy line 4 here..... → 4 5. List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 0.00 5a. 0.00 5b. 5b. Mandatory contributions for retirement plans 0.00 5c. Voluntary contributions for retirement plans 5c 0.00 5d. Required repayments of retirement fund loans 5d. 0.00 5e. Insurance 0.00 5f. Domestic support obligations 5f. 0.00 5q 5q. Union dues 5h. 0.00 5h. Other deductions. Specify: _ 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 0.00 0.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 300.00 8a. monthly net income. 0.00 8b. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c. settlement, and property settlement. 0.00 8d. 8d. Unemployment compensation 8e. Social Security 8e. 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Values listed as expenses on Schedule J were adju 0.00 8f 0.00 8g. Pension or retirement income 8g. 0.00 8h. Other monthly income. Specify: 8h. 300.00 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 10. Calculate monthly income. Add line 7 + line 9. 300.00 300.00 0.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Values listed as expenses on Schedule J were adjusted as per person 0.00 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 300.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Increase in sales and will seek employment after start-up business is stablized Yes. Explain: